

NDI CERTIFICATION RECORD

1. NAME

2. RATE/RANK

3. CERTIFYING ACTIVITY

4. EFFECTIVE DATE

5. RECERTIFICATION DUE DATE

6. THIS INDIVIDUAL IS CERTIFIED TO CONDUCT NDI BY USE OF THE FOLLOWING METHOD(S):

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RADIOGRAPHY

☐

EDDY CURRENT

☐

LIQUID PENETRANT

☐

ULTRASONIC

☐

MAGNETIC PARTICLE

☐

OTHER (Specify in remarks)

7. REMARKS:

8. SIGNATURE (Certifying Official)

9. DATE

Original to: Division Officer

Copy to: QA/A
Individual